U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civ.! penalties as provided by 29 U.S.C 439 or 440.

For	Official Sauchty
	APR 42005
E	3 DF3

1. File Number U - 2122

3. Name and address of person filing.

P Rugola

Name Joseph

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2005 Through: 12 / 31 / 2005

Name Ohio Association of Public School Employees

4. Name, file number, and address of labor organization.

Labor Organization File Number 513 - 868

P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any				
Street 6805 Oak Creek Drive		Street 6805 Oak Creek Drive				
City Columbus		City	Columbus			
State Ohio	ZIP Coxle + 4 43229-1591	State	Ohio		ZIP Code + 4	43229-1591
5. Position in labor organization.  Executive Director and Treasurer						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name if any).		7.a. Nat	ure of Interest, Tran	saction, or Income.	-	
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any		7.b. Am	ount			
Street		7.0.7411	our ni			
City	<b>"</b> ,			1		
C4-4-	ZID Code L 4			•	•	

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Harvard University X a. Labor Organizat.on Trade Name, if any: Harvard Law School b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 125 Mt Auburn Street, 3rd Floor City Cambridge State Massachusetts ZIP Code + 4 02138-5748 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name Lodging and Meals while attending a Union Leaders Name Institute Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$732 City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Joseph Rugola

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including Irade name, if any).	9. Business deals with:			
Name Arthur E. McGuire, Agent	N. a. Labar Connection			
Trade Name, fany: Nationawide Insurance Co.	x a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 435 Lazelle Road	c. Employer			
City Westerville				
State Ohio ZIP Ccde + 4 43081~9540				
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.			
Name	Restaurant Gift Certificate			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$125			
	12.a. Nature of interest held or income received.			
	12.b. Amount.			

Name of Person Filing Joseph Rugola

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Computersmith	x a. Labor Organ zation			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 457 Lazelle Road	c. Employer			
City Westerville				
State Ohio ZIP Code + 4 43081-9540				
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.			
Name	Restaurant Gift Certificate			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	11.b, Approximate dollar value of such dealing. \$100			
	12.a Nature of interest held or income received.			
	12.b. Amount.			